



**RIVERSIDE COUNTY PROBATION DEPARTMENT  
YOUTH ACCOUNTABILITY TEAM - INFORMAL PROBATION CONTRACT  
Welfare and Institutions Code section 654**

In lieu of filing a Petition in the Juvenile Court, and with the consent of the parents or guardians of the minor, the Riverside County Probation Department will undertake a program of supervision pursuant to section 654 of the Juvenile Court Law.

CID:		Address:	
Minor's Name:			
School:		DOB	
Grade:		Youth Cell Phone:	
Lives With:			
Father's Name:		Cell Phone:	
Address:		Work Phone:	
Mother's Name:		Cell Phone:	
Address:		Work Phone:	

You have been accused of the crime of \_\_\_\_\_ (penal code and description).

I understand and agree to comply with the terms and conditions checked below. I further understand that any violation of the terms and conditions may be grounds for referring the matter to the District Attorney's Office for prosecution.

**MANDATORY PROBATION SUPERVISION TERMS**

<input type="checkbox"/>	I will obey all laws and ordinances (including 8:00pm or 10:00pm curfew).
<input type="checkbox"/>	I will obey my parents or guardian and keep them informed of my whereabouts and associates.
<input type="checkbox"/>	I will attend school every period of everyday and obey school officials/rules. If absent, I will notify the school Attendance Office and a Youth Accountability Team (YAT) member before 9:00 a.m. on the day of the absence.
<input type="checkbox"/>	I will report to the Probation Officer or YAT member as directed.
<input type="checkbox"/>	I will obey directives of the Probation Officer and YAT members.
<input type="checkbox"/>	I will report any change of address and/or telephone number.
<input type="checkbox"/>	I will not use/possess alcohol or controlled substances or use/possess any weapons.
<input type="checkbox"/>	I will not associate with: a. Co-participant(s): _____ b. Victim(s): _____
<input type="checkbox"/>	I will have no negative contact school officials and law enforcement.
<input type="checkbox"/>	I will complete _____ community service hours by _____.
<input type="checkbox"/>	I will participate in counseling as directed by YAT Team.
<input type="checkbox"/>	I will attend a tour of a Riverside County Correctional Facility on TBD.
<input type="checkbox"/>	I understand monthly home visits will be conducted by the team on an as needed basis.
<input type="checkbox"/>	I will attend the YAT programming classes every _____ at _____pm. Located at _____.
<input type="checkbox"/>	Other: _____ (e.g. apology letter, essay)

**VOLUNTARY PROBATION SUPERVISION TERMS** (Acceptance of the terms below cannot be compelled by the Probation Officer.)

<input type="checkbox"/>	I will submit to search of my person/vehicle/premises upon request of the Probation Officer or YAT member.
<input type="checkbox"/>	I will submit to drug testing upon request of the Probation Officer or YAT member.

Minor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent of Parent Or Guardian

I hereby pledge my support and agree to cooperate with the Probation Officer and YAT Members for a period of 6 months until \_\_\_\_\_ to see that this agreement is carried out and further agree to appear with the minor for interviews and educational or counseling programs as requested by a YAT Member.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Interpreted By: \_\_\_\_\_ Date: \_\_\_\_\_